

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Reinhold Holtkamp, Sr.

Title:

Multiflorescence Characteristic in

African Violets

Appl. No.:

NEW APPLICATION

Filing Date: January 17, 2002

Examiner:

Unassigned

Art Unit:

Unassigned

UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

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Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Reinhold Holtkamp, Sr. 4412 Brick Church Pike Nasvhille, TN 37189

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (21 pages).
- [X] Formal drawings (10 sheets, Figures 1-8).
- [X] Declaration and Power of Attorney (3 pages).
- [X] Assignment of the invention to International Plant Breeding AG.





- [X] Assignment Recordation Cover Sheet.
- [] Small Entity statement.
- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [] Information Disclosure Statement.
- [] Form PTO-1449 with copies of ___ listed reference(s).
- [] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	7	-	20	=	0	х	\$18.00	=	\$0.00
Independents:	2	- '	3	_	0	×	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00							=	\$0.00	
							SUBTOTAL:	=	\$740.00
[]	Small	Enti	ty Fees A	Apply	/ (subtrac	ct ½	of above):	=	\$370.00
					TOT	AL F	ILING FEE:	=	\$370.00
Assignment Recordation Fee: + \$40.00							=	\$40.00	
						1	TOTAL FEE	=	\$410.00

- [X] A check in the amount of \$410.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date ____

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